1998 MONTANA SMALL BUSINESS CORPORATION TAX RETURN

MONTANA

Form CLT-4S Rev. 8/98

Check if Applicable:	Name		FEIN: Federal Business Code:							
Initial Return					Fe	derai B	usines	3S Code	∌:	
initial Return Address						Incorporated in State of:				
Multistate	City		State	Zip + 4	 Да	Date:				
Corporation						Date Qualified				
Reporting Method	d: Cash Accru	ıal Other (pleas	e specify)		in N	Montan	a:		_	
Ordinary inco	me (loss) from trade or bu	siness activities (FORM 112	20S, page 1, line 21)		1					
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4. Portfolio incor		(Ш	ШШ		
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5 Net gain (loss) under section 1231 (other	ar than due to casualty or the	eft) (attach Form 4797)						+	
					6				+	
			· · · · · · · · · · · · · · · · · · ·		7				+	
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12. Total lines 8 t					12				\neg	
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			line 5						+	
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11. Willistate Tax	payers. Income anocateu i	unechy to Montana			' '					

For years beginning after December 31, 1996 there is no longer a \$10 fee for filing the Montana CLT-4S

Check here, if you DO NOT need the Montana Small Business Corporation Tax Return and Instructions sent to you next year.

ATTACH REMITTANCE PAYABLE TO DEPARTMENT OF REVENUE

A COPY OF YOUR FEDERAL FORM 1120S MUST BE ATTACHED

Form CLT-4S (1998)	<u>FEI</u>			<u>Pa</u>	ige 2
Schedule K	Apportionment Factor	ors for Multistate	Taxpayers		
	A. EVERYWHERE	В. І	MONTANA	C. FACTOR	
1. Property Factor: Use average value for real and to	andible personal property:			(B divided by A	= C)
-					
TOTAL Prope	erty				%
2. Pavroll Factor:	ers				
Payroll included in:					
Cost of goods sold					
Repairs					
Other deductions					
					%
3. Sales (Gross Receipts) Fac Gross sales, less retui	ctor:				
					%
4. Sum of Factors (add lines 1,					%
5. APPORTIONMENT FACTO (Enter here and on line 16,	R (1/3 of line 4: if less that	n 3 factors exist,	see instructions)		%
Shareholder Information (See					
	IAME		SOCIA	L SECURITY #	
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
	DEC	CLARATION			
The return must be signed by or officer.	e of the following: president	t, vice-president, tr	easurer, assistant tre	easurer, or chief acco	unting
I, the undersigned officer of the oschedules and statements; is to the income period stated, pursua	the best of my knowledge a	and belief, a true, o	correct and complete	turn; including all acc return, made in good	ompanying I faith for
Signature of officer	Da		son or firm preparing	return Date	e
		_			
Title Tele	phone number	Address and	∠ıp Code	Telepho	one number